Instructions for AHCCCS Health Insurance Application and Forms

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Understanding the AHCCCS Eligibility Process

Once you identify someone who is a potential applicant for medical coverage from AHCCCS, you will be working with the applicant to complete the application and obtain all verification and documentation necessary to expedite the eligibility process.

In order to do this, you will need to be familiar with The Application for AHCCCS Health Insurance and have a basic understanding of AHCCCS eligibility requirements.

AHCCCS Eligibility Factors

Once a client has been linked to a category, there are other general requirements that must be met to be eligible. You will need to explain the following eligibility factors to the applicant:

- ✯ Citizenship/Alien Status – The applicant must be a U.S. citizen or a qualified alien.

- ✯ Residency – The applicant must live in Arizona.

- ✯ Financial Criteria – Income must be under the limit specific to one of the programs. Some programs have resource limits (ALTCS and MED) and others do not.

- ✯ Social Security Number – The applicant must have a verified Social Security Number or must apply for a Social Security Number.

- ✯ Potential Benefits – The applicant must apply for potential income. Example: if the applicant states that he is a veteran of the U.S. Armed Forces, he will need to apply to the Veterans Administration (VA) if he is not already receiving V.A. benefits.

- ✯ Assignment of Third Party Liability (TPL) – By signing the application,the applicant is assigning their rights to any health insurance payments or medical care support available to them to the state of Arizona. AHCCCS is the payor of last resort, which means that the state will attempt to obtain payment for medical services from third party sources.

The Application for AHCCCS Health Insurance

In the past, clients were often unsure about where to go to apply for AHCCCS. Also, many were uncertain what benefits were available to them. The AHCCCS Application for Health Insurance was created to make the application process easier for potential clients. Now, the customer can just fill out the The AHCCCS Application for Health Insurance and the application will be routed to the correct eligibility office.

You will be assisting customers in filling out the The AHCCCS Application for Health Insurance. After you have completed the application, be sure to double check that all questions have been answered appropriately, and that the *primary informant (or PI)*, the person providing you with the information, has signed and dated the application. If the applicant has a legal guardian, make sure the legal guardian signs the application and all other necessary paperwork.

Note: The Forms section of your procedures manual explains the application in detail.

Application for AHCCCS Health Insurance

The Application for AHCCCS Health Insurance was developed to make the application process easier for the customer. The purpose of the Application for AHCCCS Health Insurance is to allow the customer to apply for all family members on one application for all AHCCCS programs. In the past, customers may have had to go to different agencies to apply for services through AHCCCS for their family members.

Now, the customer can just complete the Application for AHCCCS Health Insurance and send it by mail to AHCCCS. If the customer is not eligible for AHCCCS Medical Services, the Eligibility Specialist may refer the application to another agency or area to see if other benefits might be available.
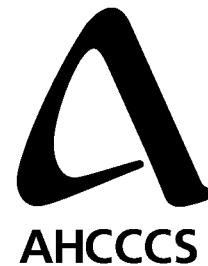
Verification and Documentation

Once you have completed the application and reviewed the eligibility factors with the applicant, you will need to explain the types of documents that can be used to verify each eligibility requirement and find out which type of verification the applicant can provide to you.

The verification factors are not the same for all programs. It may also be necessary to explain to the applicant that depending on the program for which they may qualify, additional information and proof may be required. When additional information is needed, you will be contacted by the Eligibility Specialist assigned to the case. At that time, you should contact the client by telephone to let them know what you will need and that you will be mailing a request for the information as well.

Specific Verification

Listed below are the types of verification needed for each eligibility factor. If the applicant needs help in obtaining needed documentation, you can:

1. Attempt to obtain hard copy documentation. If you cannot obtain hard copy verification, document the attempt(s) on the agency section of the application or on a separate paper.

2. Attempt to obtain verification by collateral (telephonic) contact. If you cannot obtain verification in this manner, document the attempt(s) on the agency section of the application.

3. Collateral contact verification should include your name, the name and title of the person you spoke to, the name, phone number and address of the company/agency they work for and the date the collateral contact was made.

Social Security Number (SSN): The eligibility agency will complete a match with the Social Security Administration (SSA) to validate the number provided. If the number provided cannot be validated, the correct number will need to be obtained. Acceptable information includes the primary informant's statement, a copy of the Social Security Card or correspondence from SSA including the person's SSN. When the individual states that they do not have a SSN, refer them to the SSA office to complete an application for a number and ask them to provide you with a receipt from the SSA office indicating the individual has applied for a SSN.
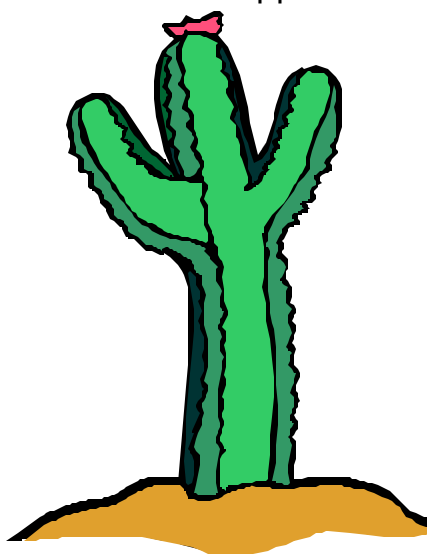
Specific Verification (continued)

Health insurance coverage: Acceptable verification of private or group health insurance coverage is a copy of the insurance card (both sides), the policy, or correspondence that has the name, address and phone number of the company as well as the policy number and name of the insured person(s). The eligibility agency will verify Medicare coverage by SSA match (this is dependent upon obtaining an accurate SSN and birth date).

Arizona Residency: The applicant's statement of residency and intent to remain in Arizona is sufficient verification unless there is evidence to the contrary. For example: if the applicant states that they have a home in Colorado and a home in Arizona, a discrepancy exists.

If Arizona residency is questionable, the following documents are examples of types of documents which may be used to verify residency:

- ☑ Rent or mortgage receipts,
- ☑ Landlord statements,
- ☑ Statement from nursing facility in which the applicant resides,
- ☑ Arizona Driver's License,
- ☑ Arizona Vehicle Registration,
- ☑ Employer's statement,
- ☑ Utility receipts.

Specific Verification (continued)

Citizenship/Alien Status: No verification is required if the applicant was born in the United States or it's territories and is a U.S. citizen. A citizen born in another country must provide proof of U.S. citizenship (i.e., naturalization, citizenship card, etc.) If the applicant indicates that they are not a U.S. citizen, ask for the immigrant's INS or State Department documentation (*examples of these documents are located in the Forms section of your procedures manual*). The document is usually an ID card, but can also be a letter or other paper. Make a copy of the document (front and back) and return the original to the applicant. *Please note: Legal entrance to the U.S. does not necessarily represent qualified alien status.*

Income: Verification of gross amount (before any deductions) and frequency of income must be obtained for each applicant and any financially responsible relatives. Financially responsible relatives include a spouse or the parent of a child under 18. The following pages detail the types of verification required for specific income types.

- *Wages*: Acceptable verification of earned income includes paycheck stubs or written document from the employer. When the primary informant is unable to provide documentation of wages, you can send out the **Request for Verification of Employment** form. A copy of this form is located in the Forms section of your procedures manual.
- *Self employment*: Acceptable verification of self employment earning includes a copy of the self employed person's IRS Form 1040, schedule SE and any of the following that apply: Schedule C, C-EZ, E, F or K-1 for the previous year. If the applicant does not have their tax forms, they may send in their income logs or ledgers, and expense bills, receipts, or cancelled checks.

Specific Verification (continued)

- *Social Security payments*: Verification of Social Security payments can be obtained by SSA match by the eligibility agency using the applicant's SSN and birthdate assuming the information provided is correct. An award letter is an example of other verification of Social Security income.
- *Child support*: Child support payments can be verified by obtaining a copy of the court records or by contacting the source of the payment. If you contact the payment source, please be sure to obtain the applicant's permission to do so and, if possible, make the contact with the applicant present and document on the Agency Notes section of the application.
- *Interest and dividends*: Financial institution statements are acceptable verification of interest income. Verification can also be obtained by calling the financial institution while the applicant is present.
- *Pensions*: Verification of retirement or other pensions can include award letters and check stubs. Direct deposit on bank statements cannot be used as verification as this is the NET income and verification of GROSS income must always be obtained. You can also contact the business or entity issuing the pension while the applicant is present for the amount and frequency of payments. You will also want to ask the income source if and when the amount of the pension will ever change.

Specific Verification (continued)

- *Other*: Other types of common unearned income include VA payments, worker's compensation, gifts, DES Cash Assistance or General Assistance, disability insurance payments, or Bureau of Indian Affairs (BIA) Assistance payments. Verification required varies by type of income. If you are unsure of the type of verification needed for a type of income, you can contact an eligibility specialist for this information.
- *Dependent Care Expenses*: Acceptable verification includes a written billing of the amount for the previous 30 days or a telephone (collateral) contact to the service provider to confirm the amount they bill for the service. If possible, contact the provider when the applicant is present.

Send the completed application and any verification you have obtained via regular mail to: AHCCCS
P.O. Box 25520, MD 400
Phoenix, AZ 85002-9949
Phone: (602) 417-6672

If you have a client who needs immediate services, you can fax the application to (602) 417-6607.
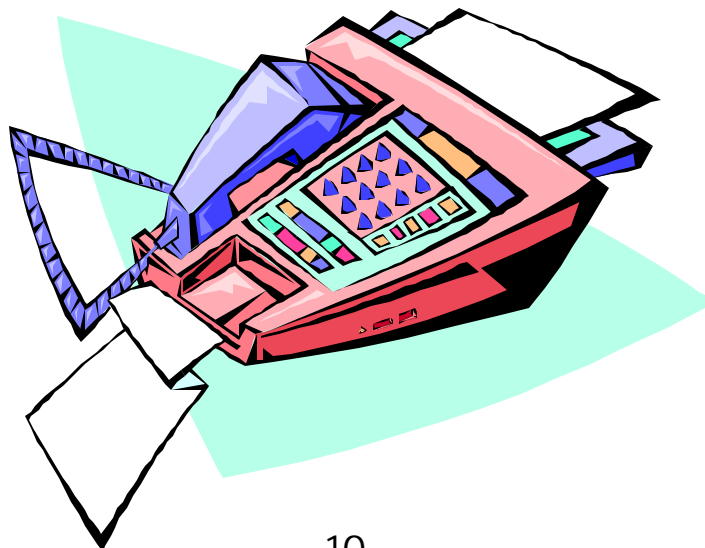
Choosing a Health Plan

AHCCCS provides medical services by contracting with Health Plans who are responsible for providing services directly to our members. In most AHCCCS programs, the applicant is given the opportunity to select a Health Plan during the application process. Except for KidsCare, if a decision is not made before the application is approved, the applicant will be assigned to a Health Plan. KidsCare cannot be approved without a health plan choice

Choosing a Health Plan is important because:

Annual Enrollment
Members can only change Health Plans once a year at annual enrollment, so it is important that applicants research each Health Plan's network and services to determine which Plan will best meet their individual needs.

Health Plans work like HMOs
Each Health Plan has their own network of providers from which to choose a Primary Care Physician (PCP). If the applicant wishes to stay with their current PCP, they may want to find out which Health Plan is contracted with that doctor.

Available Health Plans vary by county. A list of Plans by county, located on the Application for AHCCCS Health Insurance, will allow the applicant to determine which Health Plans operate within their county.

To notify AHCCCS of Health Plan Choice
For SSI MAO applications – Applicant can write their Health Plan choice in the space provided on page one of the Application for AHCCCS Health Insurance.

Assisting Applicants with Health Plan Choice

Selecting a Health Plan can be an overwhelming experience for an applicant who has never before had to make this kind of a decision. They may not know where to begin. You can assist the applicant in dealing with the process of choosing a Health Plan.

You can help by:
- Finding out with which Plan the current doctor is contracted.
- Finding out any special needs the applicant may have.
- Calling the Health Plan with the applicant present or doing a three-way call to help them ask the appropriate questions. The Health Plan itself is always the best source of information.
- Giving clients a list of Internet resources or by accessing the Internet yourself to obtain resource information.
- Being available to answer questions.

When the application is approved, the applicant will receive a letter notifying them of the approval and, in approximately one week after the approval, the member will receive an AHCCCS ID card listing the Health Plan they have chosen or to which they have been assigned. Soon after, the member will receive information from their Health Plan regarding choosing a Primary Care Physician and how to access services.

Eligibility Reviews

You should make sure the applicant understands that AHCCCS eligibility is reviewed periodically. You may want to remind the applicant to immediately open any correspondence they receive from AHCCCS, Department of Economic Security, KidsCare or Premium Sharing Program.

Failure to keep an eligibility appointment or respond to a request for information or verification required for eligibility, may result in loss of their AHCCCS coverage.